

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1516

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
In this community Kirkville Mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

EMMA EPPERSON

8. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife HARRY

6. (c) Age of husband or wife 64 years

7. Birth date of deceased February
(Month) (Day) (Year)

8. AGE:

Years 59 Months 11 Days 26

If less than one day

hr. _____ min. _____

9. Birthplace

Green Top, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

None

MOTHER FATHER

12. Name M.T. Murphy

13. Birthplace Not Known

14. Maiden name Ellen Johnson

15. Birthplace Not Known

16. (a) Informant

Hildred Bergman

(b) Address

Greentop, Mo.

17. (a) Burial

(b) Date thereof Feb. 6, 1941

(c) Place: burial or cremation

Rugate Cemetery

18. (a) Signature of funeral director

Spencer L. Freeman

(b) Address

Greentop, Mo.

19. (a)

2/4/1941 (b) Spencer L. Freeman

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Greentop
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day fourth
year 1941 hour Four minute forty five

21. I hereby certify that I attended the deceased from February
third, 1941, to February 4, 1941;
that I last saw her alive on February fourth, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Encephalitis

Due to

Uremic Poisoning

Due to

Chronic Bright's Disease

Other conditions

None

Major findings:

Of operations No operation

Of autopsy

No operation

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3

While at work?

(Specify type of place)

(e) Means of injury _____

23. Signature H. R. Schultz (M.D. or other) D.D.

Address 100 N. W. 1st St. Kirksville, Mo. Date signed 2/4/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-41-367

Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm H West

Licensed Embalmer No.

2882

P. O. Address

Queens City 91

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.